State of California
Department of Health Services

California Department of Health Services
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TO: ALL DEPENDENT AND INDEPENDENT COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS), CHILDREN'S MEDICAL SERVICES NETWORK (CMS NET) USERS, AND CMS REGIONAL OFFICES CMS NET USERS

SUBJECT: MINUTES FOR THE CMS NET USER GROUP MEETING, FEBRUARY 26, 2003

Enclosed are the minutes of the CMS Net User Group meeting held in Sacramento on February 26, 2003. The agenda consisted of information sharing and upcoming modifications to CMS Net.

The agenda focused primarily on information sharing and upcoming modifications to CMS Net. In the morning, Bill White was introduced as the new Section Chief for the Information Technology Section of Children's Medical Services. Bill White, Robin Weaver, LaVorra Whitaker and Traci McCarley provided a status update of the Enhancement 47 (E47) project. Cindy Tejada provided a demonstration of two common help desk issues. Robin Weaver discussed the Provider Front End Project. Julie Rundall updated the group on the status of counties converting to CMS Net. Traci McCarley provided an update of change cycle updates that would be completed in the next 2 to 3 months and explained how to enter Healthy Families (HF) information into CMS Net. The afternoon allowed the group to discuss issues brought by the user community.

Please contact Traci McCarley, at (916) 327-2688 or tmccarle@dhs.ca.gov if you have questions regarding the attached CMS Net User Group meeting minutes.

Bill White, Chief
Information Technology Section
Children's Medical Services Branch

Enclosures

CMS Net User Meeting
Minutes
February 26, 2003

ENHANCEMENT 47 (E-47) UPDATE

Bill White provided an update on the status of the Enhancement 47 (E47) project. The CMS Branch is near the end of the procurement process for a new vendor to provide development and maintenance services for the CMS Net system. The announcement of the intent to award was issued at the end of February and no protests were filed. At this point the Department is in the processing of securing approvals to hire Deloitte Consulting (soon to be know as Braxton Consulting) as its new CMS Net contractor. CMS hopes to have the new vendor on board by mid-April 2003.

The E47 project will contain a phased implementation of three main phases. Client Eligibility Phase II (Insurance), Provider Enrollment and Services Authorization. Client Eligibility (CE) Phase II (insurance) will be the first implemented. Robin Weaver discussed how CE Phase II will allow CCS beneficiary information to be sent to MEDS and EDS for claims payment. Additionally, this implementation will allow for the receipt of the Carrier Master File (CMF) from the Department of Health Services (DHS) Third Party Liability (TPL) Branch. The CMF contains all approved insurance companies. Users will be able to view and store expanded Insurance, Medi-Cal eligibility, and Managed Care and Healthy Families information with CE Phase II. Please refer to the enclosed handout “CMS Net Enhancement 47 Project Client Eligibility Phase II”.

LaVorra Whitaker discussed Provider Enrollment. Provider Enrollment will create an automated process for enrolling CCS/GHPP provides; special care centers and hospitals. An interface will be created between CMS Net, Medi-Cal and Denti-Cal provider master files what will allow for adding, updating (for State CMS Branch staff) and inquiring ability for the general CMS Net community. A Numbered Letter will be issued shortly discussing the need to encourage all current CCS only providers to begin the process to obtain a Medi-Cal/Denti-Cal provider number as this will be the only number allowable once the enhancements are in place. Please refer to the enclosed handout “Enhancement 47 (E-47) Project Provider Enrollment”.

Traci McCarley discussed Service Authorization. Service Authorization will automate the authorization processing so all providers can bill the Medi-Cal and Denti-Cal Fiscal Intermediaries (FI) directly. Additionally, authorizations will be standardized with the use of Procedure, HCPCS, National Drug Codes (NDC), etc. Service Authorization information will be transmitted to the FI from CMS Net daily. Please refer to the enclosed handout "CMS Net Enhancement 47 Project Service Authorization Request (SAR)".

MOST COMMON HELP DESK ISSUES

Cindy Tejada discussed two issues that are called to the help desk often. The Client Eligibility start date and Referral/Transfer date are discussed below:

Eligibility Start Date

- The Elig Start Date field is entered in Client Eligibility when a case is made Active. The default date (referral date) can be edit by going to the Elig Start Date field. This field will be populated or it can be edit by the user when the following case procedures occur.
  - Close/Reopen
  - Transferred
  - Aid Code Change

Important:

- PLEASE CHECK YOUR NARRATIVES FOR INSTRUCTIONS ON THE ELIGIBILITY START DATE.
- THE CASE NEEDS TO BE CLOSED WHEN TRANSFERRING FROM ONE COUNTY TO ANOTHER, INCLUDING THE REGIONAL OFFICES.

Aid Code Change

- If the aid code was incorrect, open the Client Eligibility screen and modify the Aid Code and save.
- If an aid code change needs to occur, you must Close and reopen the case with the new aid code. Make sure your closure date is one day prior to the new aid code start date. The following message will appear when the aid code has been changed and saved.

Reminder: With Reason Closed/Denied = 'Aid Code Changed', you must enter a new aid code with a new start date. (?) Press Enter

Referral/Transfer Date

The Ref/Trf Date will need to be updated when a new referral is received and the case status is changed on the Patient Registration Face Sheet to the following case status:

Current		New
Not Open	to	Pending or Reopen Pending
Denied	to	Pending or Reopen Pending
Closed	to	Reopen Pending

If the status is changed from Not Open to Pending/Reopen Pending or from Denied to Pending/Reopen Pending the following message will appear:

Do you want to retain the current referral/transfer date of 99/99/9999? (?) NO ( ) YES

Select 'No' if you wish to enter a new referral date (re-referral). This will prompt you to enter the referral source, referred by, referral type and county information.

Select 'Yes' if you wish to retain the current referral date (honor a referral you previously declined.)

If the status of the previous referral has not been resolved with a final case status of denied or not open, please resolve the previous referral's status before updating the recording with the new referral information.

What are the best ways to contact the CMS Net Help Desk?

1. By E-mail at CMSHELP@dhs.ca.gov
2. Toll Free at (866) 685-8449
3. Help Desk phone is (916)327-2378
4. After hours phone is (916) 606-6334
   Monday-Friday 5-7:00pm
   Saturday 9-5:00pm

PROVIDER FRONT END PROJECT

Provider front-end project is scheduled to be implemented during the April 2003 change cycle. The provider front-end project is a web-based application that will allow providers to view the status of requests for service they have requested from counties and the Regional Offices. Before providers can view information they must receive approval

from the CMS Branch and complete a confidentiality agreement. Please refer to the enclosed handout “CMS Net Provider Front End”.

COUNTY CONVERSION UPDATE

Recent additions to CMS Net include Kern, Sonoma and Contra Costa county. CMS is currently working with Alameda and San Diego county. Please refer to the enclosed handout “County Conversions”.

HEALTHY FAMLIES ENTRY TO CMS NET

The correct method of entering the HF plan information in CMS Net was discussed. The information should be entered in the Event Tracking/Insurance Other Coverage screen in the Insurance Segment. Enter the Medical and Dental coverage, but the Vision plan does not need to be entered. A sample of the Insurance/other coverage screen is below, along with a list of all approved HF Plans.

Example Insurance/Other Coverage screen.

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Name: TRAINING,PATIENT A            CCS#: 3299500 Legal Co: AMADOR
Sex: M   DOB: 03/21/1999  Status: ACTIVE          Res Co: AMADOR
Medi-cal:              SOC:        Denied:
M/C Comments:

Managed Care   Plan #                    Enroll Dt     Disenroll

Other Coverage                  Type     Start Dt      Term Dt
1  HF HEALTH NET                HMO      01/01/2003
      Policy #: 999-00-4444                Primary Policy: NO
      Ded:          Max Bene:              Sent Docs:
2  HF ACCESS DENTAL             OTHER    01/01/2003
      Policy #:                            Primary Policy: NO
      Ded:          Max Bene:              Sent Docs:

Do you want to enter/edit Insurance/Other Coverage for this patient? No//
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Healthy Families Program Plans Listing

1. HF Alameda Alliance
2. HF Blue Cross
3. HF Blue Shield
4. HF CalOPTIMA
5. HF Central Coast Alliance
6. HF Community Health Group
7. HF Community Health Plan
8. HF Contra Costa Health Plan
9. HF Health Net

10. HF Health Plan of San Joaquin
11. HF Health Plan of San Mateo
12. HF Inland Empire Health Plan
13. HF Kaiser
14. HF Kern Family Health Care
15. HF L.A. Care Health Plan
16. HF Molina
17. HF San Francisco Health Plan
18. HF Santa Barbara Regional
19. HF Santa Clara Family
20. HF Sharp Health Plan
21. HF UHP Healthcare
22. HF Universal Care
23. HF Ventura County
24. HF Access Dental
25. HF Premier Access
26. HF Delta Dental
27. HF Health Net Dental
28. HF Universal Care Dental Plan
29. HF VSP

CHANGE MANAGEMENT UPDATE

The following are the proposed updates for CMS Net for the March and April 2003 change cycle updates.

- 60 day access code expiration policy
- Provider Front End Project (30 day pilot with Sutter and UC Davis)
- Correspondence (Send/Print/Cancel) in full screen
- Patient Therapy Record (PTR) MTU billing component
- Modify the Authorization process to capture the current legal county during authorization processing

OPEN FORUM

During the open forum, the following items were discussed. As part of the meeting minutes, the answers to the items are listed with the issue.

Q: Whom can we call for issues about Healthy Families?
A: Please refer to the enclosed Numbered Letter (NL) 10-1002.

Q: What is the correct aid code to assign to CCS client's who are also a Healthy Families subscriber?
A: The intent of NL 07-0401 is that these child would be assigned CCS aid code 9K initially. Counties/Regional Offices can then change CCS aid code 9K to 9R if its been 60 days from the receipt of the referral/initial request for service and the family has not

signed a PSA or the family has declared their annual income is greater than $40,000. Remember, continuation of using CCS aid code 9R for families that declare their annual income is greater than $40,000 is contingent on whether MRMIB confirms that the family's income is greater than $40,000. A clarification of CCS aid codes relating to HF subscribers will be distributed by the CMS Branch in a prospective Numbered Letter.

Q: How will the MR910 and MR940 reports work after the implementation of E47?
A: This issue will be worked out as part of the implementation process it has been added to the project issue log.

Q: How are local programs going to be able to monitor HF only vs. HF (CCS full compliance) $ after implementation of E47?
A: This issue will be resolved as part of the implementation process, it has been added to the project issue log.

Q: Is the State going to share the business rules for E47 before implementation?
A: It is our intention to work with the counties as much as is feasible during the development process, we intend to use the CMS Net user group for this purpose.

Q: Will E47 have a mechanism for counties to issue authorization after the case has been closed in their county (i.e. retro authorization?)
A: This issue will be resolved as part of the implementation process, it has been added to the issue log.

Q: What will the hard copy authorization look like? Will the families be able to understand what is being authorized in plain English?
A: Again this is a yet to be designed issue that will be resolved during implementation, it has been added to the issue log.

Q: How will E47 impact the CHDP Gateway?
A: Issues involving the Gateway and it's impact on CCS will be dealt with by the Gateway project staff, information will be included as part of that projects implementation process.

Q: Is there a Medi-Cal application form for newborn children that will allow them to sign-up for Medi-Cal for a year? Where do you get the form? Who can submit the form?
A: The Newborn Referral Form is designed to simplify establishing Medi-Cal eligibility for a newborn child of a Medi-Cal-eligible mother. For additional information or a supply of forms, please contact Sherilyn Walden, DHS Medi-Cal Eligibility Branch at (916) 657-3091 or swalden@dhs.ca.gov. You can also access the Medi-Cal manual (Newborn Referral Form section) for additional information. The web-site is: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/pregpost_i00m00o03o07.doc

Q: Is there a way to toggle between two cases at a time?

A: Due to licensing issues with the Cache' software used by the CMS Net system, users are limited to one session at a time. However, as technology improves and multiple sessions become feasible this feature may be implemented

Q: Does the State have a best practices business process flow for processing new referrals?
A: The State does not dictate the operational procedures for individual counties, what works well in one may play havoc in another. We suggest that you discuss this issue among yourselves and identify a process that best works for your individual county.

Q: Is there a way to tell that there has been a medical eligibility determination on a yearly basis?
A: Many users use the ANN tickler and track cases for financial and medical review yearly. However, this will indicate which cases are due for a review and not cases that have not had the medical review. The only way to make this determination is to request an adhoc report from the CMS Net Help Desk.

Q: The county would like a new status indicator on the face sheet or some other way to track cases that have been open, closed, re-referred and then denied.
A: Please submit a change request for this for evaluation by CMS.

Q: Is there a way to generate the alphabetical ticklers by patient last name?
A: This functionality is currently being analyzed for implementation in the CMS Net system. We hope to have this implemented in the next 2-3 months.

Q: Why can't we put the mom's Medi-cal number in the insurance other coverage screen?
A: You can put the mother's Medi-Cal number in the child's insurance/other coverage screen. However, you need to remember to change to the child's Medi-Cal number when the child's Medi-Cal eligibility is approved or to remove the number if the child is not determined to be eligible for Medi-Cal.

Q: Is there a macro feature in CMS Net we could use to enter commonly used wording?

A: There is not a macro feature in CMS Net.

Q: Can we add another search criteria on the patient identification screen to be able to search by parent name?
A: Please submit a change request for this request for evaluation by CMS.

Q: Will CMS Net be installing a function that will automatically close cases?
A: No, CMS Net will not automatically close a case.

Q: Can the State change the system hours for CMS Net for longer hours a day?

A: You may contact the CMS Net help desk to extend the system hours by calling 24 hours in advance.

Q: How can we stop receiving MEDS alerts?
A: The only time you will stop receiving alerts is when the CCS case is closed. The alerts are to reconcile data between the CMS Net and MEDS (Medi-Cal Eligibility Data System) for active CCS cases and Medi-Cal beneficiaries.
Alerts can be generated for many reasons. You should focus on alerts with the status of 'Reject', 'Urgent', 'Hotline' or 'Action' and work these before other alerts.

Q: Users would like a Medi-Cal aid code specific to diagnostic evaluations only.
A: The establishment of new aid codes is under the purview of the Medi-Cal Program. Medi-Cal necessarily limits new aid codes to situations in which they are necessary to designate client programmatic eligibility or enhance federal financial participation XXX. If a X demonstration of the need for an additional CCS aid code based on a demonstration is developed of cost effectiveness it should be forwarded to the CMS Branch for evaluation.

Q: Is there a carbon copy on the 2nd and 3rd application letters?
A: Yes, there is a carbon copy on the 2nd and 3rd application letters (CCS, Medi-Cal and Healthy Families).